tate of California—Health and Wellare Agency orm Approved OMB No. 2050—0039 (Expires 9-30-91) Bease print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

4.	UNIFORM HAZARDOUS 1. Generator's US EPA ID No. WASTE MANIFEST CAP 098 252 983 1	Manifest Document No.	2. Page 1	Information in the		
44.00	3. Generator's Name and Mailing Address PARA PLATE		A. State Manifest Document Number. 88615518			
2	15910 Shoemaker Ave., Cerritos, CA 90703 4. Generator's Phone (213 404-3434			B. State Generator's ID		
-7550 	5. Transporter 1 Company Name 6. US EPA ID Number OMEGA RECOVERY SERVICES CAD 0422 45 001 1			C. State Transporter's ID // 23 6 D. Transporter's Phone 213/698-0991		
00-852	7. Transporter 2 Company Name 8. US EPA ID Number E. State Transporter's ID F. Transporter's Phone					
(} 	9. Designated Facility Name and Site Address. Omega Recovery Services 12504 E. Whittier Blvd. Whittier, CA 90602 CAD 042 245 001			G. State Facility's ID CIA PIDA 12 12 14 5 0 0 1.1 H. Facility's Phone 698-0991		
n	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Cont	ı Qı	santity Unit	Waste No.	
S)	a Waste ORM-A NOS NA 1693	No.	Туре	Wt/Vol	211, 212	
(C)	(Flexosolvent)	විගය	DM	21815 G	F001,F003	
8	u.				State EPA/Other	
	C.				State	
					EPA/Other	
	d.			0	State EPA/Other	
<u>u</u> 1 2	J. Additional Descriptions for Materials Listed Above			des for Wastes Lis	ited Above	
¢ i				* OI *		
-		22	C.	d.		
	15. Special Handling Instructions and Additional Information					
r	Profile No. B10016	2				
į	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment and are classified, packed, marked, and labeled, and are in all respects in proper conditionational government regulations.					
	If I am a large quantity generator, I certify that I have a program in place to reduce the vol to be economically practicable and that I have selected the practical fire the content of the present and future threat to human health and the environment; OR, If I am a small quantit generation and select the best waste management method that is available to me and tha	ent, storage, or ty generator, I h	disposal currently	available to me wh	hich minimizes the	
	Printed/Typed Name Signature	ao.			Month Day Year	
1	Frank E. Hernandez 7-M.	Kuim.			MOOSTO	
	Printed/Typed Name Signature		1	al.	Month Day Year	
	18. Transporter 2 Acknowledgement of Receipt of Materials	caus 1	4_DMG	sey-	WOODSING	
	Printed/Typed Name Signature				Month Day Year	
	19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
	Printed/Typed Name N. JAY SOLOMON. Signature	71.	Juy So	long	Month Day Year	
L (22	(1/88) Do Not Write Below This	Line 0	0			